Physician's Rx

Compression Levels:

Medical: ☐ 20-30 mmHg ☐ 30-40 mmHg ☐ 40-50 mmHg

Style:

								
calf ☐L ☐R	thigh ☐L ☐R	thigh w/ waist att. ☐L ☐R	panty ☐	maternity panty ☐	men's leotard ☐	armsleeve ☐L ☐R	glove ☐L ☐R	gauntlet ☐L ☐R

Donning/Doffing Accessories: ☐

Adjustable Compression Velcro Wrap: circaid®



STYLE	☐ lower	☐ upper	☐ foot	☐ full leg	☐ arm	☐ hand	☐ nighttime
EXTREMITY	☐left	☐right	☐bilateral				
COMPRESSSION	☐20-30	☐30-40	☐40 - 50				

Check all that apply *Dispense as written - No substitution

QTY _____ REFILLS _____ DURATION _____

Patient Name _____ DOB _____

Diagnosis:

_____ **ICD-10 Code** _____

Physician Signature _____ Date _____

Physician Name _____ NPI _____

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Physicians Rx



Surgery Side

Right ☐
Left ☐
Bilateral ☐

Mastectomy

Qty:		
_____	☐	Silicone Breast Form
_____	☐	Leisure Form
_____	☐	Mastectomy Bra
_____	☐	Post Surgical Camisole
_____	☐	Post Surgical Bra

Lymphedema

Compression Levels:

☐ 20-30mmHg ☐ 30-40mmHg ☐ 40-50mmHg

Day Time ☐ Night Time ☐ Circaid Wrap ☐

Qty:				
_____	☐	Armsleeve	L ☐	R ☐
_____	☐	Gauntlet	L ☐	R ☐
_____	☐	Glove	L ☐	R ☐
_____	☐	Compression Bra	L ☐	R ☐

Refills: _____ Duration: _____

Patient Name: _____ DOB: _____

Diagnosis Code / ICD.10: _____

Physician Name: _____ NPI: _____

Physician Signature: _____ DATE: _____

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